

*Instructions for obtaining a
Louisville Metro
ABC Temporary License*

- STEP 1. Copy (for the Louisville Metro ABC Office) your State ABC Temporary License Application & all attachments.
- STEP 2. Attach your license fee by certified check, cashier check or money order made payable to:
Louisville Metro
- STEP 3. Submit your application to the Louisville Metro ABC Office well in advance of your special event date to insure ample time for processing, preferably (3) weeks prior to the event date.

*Louisville Metro
Department of Alcoholic Beverage Control
444 S. 5th St.
Louisville, Kentucky 40202*

*Telephone (502) 574-3591
Fax (502) 574-5245
<http://www.louisvilleky.gov/ipl/>*

**LOUISVILLE METRO ABC LICENSE FEES
FOR TEMPORARY APPLICANTS**

| | |
|---|----------|
| Temporary Liquor Drink, Wine & Beer License | \$266.66 |
| Temporary Malt Beverage | \$25.00 |
| Temporary Wine Drink | \$50.00 |
| Temporary Liquor Auction | \$200.00 |

REMINDER: Please call our office as early as possible before your event date(s). You may need additional information for obtaining other Louisville Metro Permits such as:

Tent Permits
Master Venders Permits
Event Vendor Permits
Street Closing Permits
Building/Mechanical Inspections

City Temporary Instructions
Rev. 6/26/13



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

Instructions for Temporary Event Application

BASIC REQUIREMENTS TO APPLY FOR A KENTUCKY ALCOHOL LICENSE(S)

- a. You must be at least 21 years of age.
- b. You must be a Ky. resident for the past year unless applying as a corporation, LLC or Ltd. partnership.
- c. You must be U.S. citizen unless applying as a corporation, LLC or Ltd. partnership.
- d. Individuals, owner, partners, officers, directors or interested parties may not apply if they have been convicted of any felony within the past five years; or convicted of any alcohol or controlled substance related misdemeanor in past two years.
- e. You must be a non-profit charitable organization, racing association or political campaign function.
- f. If you are a for-profit individual, sole proprietor, company or limited liability company (LLC) or organization, that event must be part of a bona fide civic event or community sponsored event.
- g. Event must be held in a wet territory. Temporary licenses cannot be obtained for events held in limited wet, moist or dry territory.
- h. Temporary licenses cannot be issued on existing licensed premises holding any alcohol license. This legal requirement is not applicable for a Temporary Auction License. (See, KRS 243.036).

LOCAL APPROVAL PROCESS

There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the local office pending approval, the longer it will take the Kentucky Department of Alcoholic Beverage Control (Department) to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Your state license will not be considered by the State Administrator until the Department receives local ABC approval on the application. Visit our website for a list of the Local Administrator in your area at <http://abc.ky.gov/>.

TIME TO PROCESS APPLICATIONS

Applications are required to be submitted/received by the Department no later than a minimum of five (5) business days prior to the event. (See, 804 KAR 4:250). If an applicant chooses to withdraw a license application or your license application is not issued for any reason, you must submit a **written request for a refund**.

How to Apply

STEP 1

Answer all questions contained in Sections A, B, C, D, E, F and G of this application and have the form notarized. Incomplete or deficient applications delay processing, and your application will be returned.

Non-profit charitable organizations must list the top registered officer(s) of the organization, school or church in Section (C) of this application.

All privately owned corporations or limited liability companies (LLC) must list all owners in Section (C) of this application.

If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure) you must provide the top three highest ranking officers of that company/LLC and their percent ownership on Section (C) or on an attachment to Section (C).

All ownership in the business to be licensed, whether a sole proprietor, publically held corporation, privately held corporation or limited liability company, must comply with the prohibition of interlocking interests between licensees. (See, 804 KAR 4:015).

STEP 2 Pay your application fee(s) by attaching a completed **REMITTANCE FORM** or a **certified check, cashier's check or money order payable to: Kentucky State Treasurer. WE MAY NOT ACCEPT CASH BY MAIL OR HAND-DELIVERY.** See Section (E) of this application to determine the appropriate amount due based on license type.

STEP 3 All applicants are responsible for providing a recent copy (no more than 30 days old) of a **statewide** police criminal background check from all states where you have resided in the past (5) years. Attached are instructions on how to obtain a statewide criminal background check. For Kentucky dial (800) 928-6381 or go to <http://www.courts.ky.gov>.

A non-profit charitable organization, school, or church top registered officer(s) must submit the required criminal background checks.

If a privately owned corporation or limited liability company (LLC), you must submit backgrounds on all primary officers and any owner holding more than 10% ownership.

If a publically traded corporation, you must submit backgrounds on each of the top three highest ranking officers of the corporation.

If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure), you must provide criminal backgrounds on the top three highest ranking officers of that company/LLC.

STEP 4 If applicant is a non-profit charitable organization, attach documentation of your non-profit status and your Federal Tax ID.

If applicant is a for-profit, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. The applicant's company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.

STEP 5 If the applicant is the owner of the proposed real estate premises where alcoholic beverages are to be sold, please attach a copy of a valid deed on file with the County Clerk's Office. If you are not the owner of the real estate premises where you are proposing to sell alcoholic beverages, please provide a copy of a current, active and fully executed lease or letter/permit granting use of the real estate property to be used. If you submit a letter from a property owner or a permit, please be sure the document specifically states permission for the sale of alcoholic beverages.

The deed, lease, permit or letter of permission from a land owner must specifically address the same name the license is being applied under.

STEP 6 Once the applicant has fully completed the application, take the application to your local ABC Administrator and obtain their signature (if applicable) of approval on your state application.

STEP 7 Please determine what license type(s) you are applying for by reviewing the options in Section (E) of the application.

- STEP 8** Please select what license type(s) you are applying for in Section E of this application.
- STEP 9** If your event will involve gambling or game of chance, you must attach a copy of your Department of Charitable Gaming License.
- STEP 10** If applicant is a for-profit individual, sole proprietor, company or limited liability company (LLC) or organization who is qualifying for this license because the event is a bona fide civic event or community sponsored event, attach written documentary evidence supporting the civic nature of the event and showing local government's knowledge and support of the event.

Other important application requirements:

Please be sure to check your application again. Verify all required steps to apply for the alcohol license have been met, all sections of the application have been fully completed, and that all required documentation for your license has been properly attached. Again, as a reminder, if local ABC approval is required, please be sure you have applied with your respective local ABC office where the event and premises to be licensed is located.

You are now ready to submit your application.

Please assure submission at **least a minimum of five (5) business days** prior to the event. Do not purchase or attempt to place orders or purchase alcoholic beverages until your State ABC license has been issued.

ALL alcoholic beverages **MUST** only be purchased from a licensed Kentucky wholesaler/distributor. (This legal requirement is not applicable for a Temporary Auction License. (See, KRS 243.036).

If you have any questions or need assistance, please contact our office or visit our web site.
<http://abc.ky.gov>

FRANKFORT: Dept. of Alcoholic Beverage Control <http://abc.ky.gov>
1003 Twilight Trail, Frankfort, KY 40601-8400
(502) 564-4850 phone
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SPECIAL TEMPORARY LICENSE APPLICATION

Applications will be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

| | | | | | |
|---|----------|------------|-----------------|----------|------------|
| License # _____ | \$ _____ | Val. _____ | License # _____ | \$ _____ | Val. _____ |
| License # _____ | \$ _____ | Val. _____ | License # _____ | \$ _____ | Val. _____ |
| Reviewing Licensing Administrative Specialist _____ | | | Date _____ | | |
| Malt Beverage Administrator's Approval _____ | | | Date _____ | | |
| Distilled Spirits Administrator's Approval _____ | | | Date _____ | | |

SECTION A

Name of person(s) or company to be licensed _____

Name of the special event _____

Address of premises to be licensed _____

City _____ County _____ State _____ Zip Code _____

Mailing address (if different from above) _____

Contact person _____ E-mail address _____

Contact phone _____ Fax _____

Check the type of temporary license(s) for which the applicant is applying:

☐ Special Temporary license ☐ Special Temporary Distilled Spirits and Wine Auction license

SECTION B

1. Amount of fee enclosed (make certified check, cashier's check, or money order payable to Kentucky State Treasurer) \$ _____
2. Period to be covered by license beginning (month) _____ (day) _____ (year) _____ through
(month) _____ (day) _____ (year) _____
(Each qualifying event requires a separate application, fee, and license.)
3. What are the date(s) and time(s) of the qualifying event? _____
4. Kentucky law limits temporary licenses to public events. Therefore, do you agree to not exclude the public from this special event? ☐ Yes ☐ No
5. Does the applicant own the premises where the qualifying event is to take place? ☐ Yes ☐ No
If yes, attach a copy of the deed.
If no, attach a copy of the lease, permit, or letter of permission to use this property, signed by the applicant and the owner of the premises. List the premises owner's name and contact information:

SECTION C

6. Complete the following for the business proprietor, partner(s), and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. Show 100% of the ownership. If additional space is needed, make an attachment.

| NAME AND ADDRESS | ALL PHONE NUMBERS H = HOME W = WORK F = FAX C = CELL | SOCIAL SECURITY NUMBER | TITLE | USA CITIZENSHIP | DATE OF BIRTH | STATES WHERE PERSON RESIDED IN PAST 5 YRS. | % OF OWNERSHIP |
|------------------|--|------------------------|-------|---|---------------|--|----------------|
| | H W F C | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | % |
| | H W F C | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | % |
| | H W F C | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | % |
| | H W F C | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | % |

SECTION D

A temporary license may be obtained only if the event is located in a wet territory where retail alcoholic beverage sales are permitted. This license cannot be issued in moist or dry territories.

7. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No
If yes, give the name of the city or town _____
8. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
9. Is the applicant a corporation, limited partnership, or limited liability company in good standing with the Kentucky Secretary of State? ☐ Yes ☐ No

For-profit individuals, promoters, or corporations may receive special temporary licenses in conjunction with civic events. (804 KAR 4:250)
Applications by for-profit individuals, promoters, corporations, or organizations for a special temporary license in conjunction with an organized civic or community sponsored event, must attach written or documentary evidence of the civic nature of the event, including but not limited to any promotional materials or news articles evidencing the local government's knowledge of and support for the event for which the applicant is applying.

10. If a non-profit organization, check the applicable qualifying event.
☐ Regularly organized fair
☐ Exposition
☐ Racing association
☐ Political campaign function
☐ Civic community event
☐ Other non-profit function/event. List type of event _____
11. Has the applicant(s) been licensed to sell alcoholic beverages? ☐ Yes ☐ No
If yes, list your state ABC license number(s) _____
12. Has the applicant or any person named in Section C-6 been convicted of any felony in the past five (5) years? ☐ Yes ☐ No
 Has the applicant or any person named in Section C-6 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years? ☐ Yes ☐ No
 If yes, attach a statement giving a full explanation, including dates of convictions.

SECTION D (continued)

13. Have the premises to be licensed or has any person listed in this application had an ABC license suspended or revoked, or an ABC application denied? ☐ Yes ☐ No
 If yes, attach a statement giving a full explanation, including dates of suspension, revocation or denial.
14. Attach a detailed description of the event, activities to be held, number of people to attend, type of entertainment, list of food and beverages to be provided, etc. State whether any caterers will be used. (An ABC licensed caterer may not cater alcoholic beverages at an event covered by a special temporary license.) State whether alcoholic beverage samples or tastings will be served at the event? Attach copies of any advertising, mailers, invitations or handbills for this event. Include any other information the applicant wishes the state administrators to consider.

SECTION E

Check the type(s) of license(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type are met.

| License Types | Licensing Fee |
|--|---------------|
| <input type="checkbox"/> Special Temporary License (KRS 243.260 and 804 KAR 4:250). Check the type of alcoholic beverage sales the applicant desires. Some territories do not permit distilled spirit sales. <input type="checkbox"/> Malt Beverage/Beer <input type="checkbox"/> Distilled Spirits <input type="checkbox"/> Wine <input type="checkbox"/> All | \$90 |
| <input type="checkbox"/> Special Temporary Auction License-Distilled Spirits and Wine (KRS 243.036) | \$110 |

SECTION F

OBTAIN LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL

The local ABC Administrator must approve this application before it is forwarded to the state ABC. Take or mail this application schedule, the ABC Basic application, fees, and all attachments to the local ABC Administrator. Obtain the local ABC Administrator's signature and arrange for such approval to be sent to the state ABC Office.

I certify that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ Date _____

City of _____ Administrator County of _____ Administrator

SECTION G

AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE(S)

I, (print your name here) _____, do hereby swear and affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (C) 3 of this application are in default of a repayment obligation, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Buyer or New Applicant _____ Title _____ Date _____

Sworn and affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____

(Canadian applicants are exempt from this notary requirement.)

Notary ID# _____

This application schedule, all attachments, and state licensing fees may be forwarded to:



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>

REMITTANCE FORM

Effective June 25, 2013 there will be a 2% Convenience Fee added to the total for credit card payments only

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) _____ Phone (____) _____

Billing Address _____

Account Number _____ Expiration Date (Month and Year) _____

Check your method of payment

AMOUNT \$ _____

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) _____, (Routing #) |: _ _ _ _ _ |: (Checking Account #) |: _ _ _ _ _ |:

Reason for your payment

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) _____ (DBA) _____

Site I.D. # _____ License # _____ (Phone) (____) _____